

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOM COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00547984
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>USCMDR Chisesi Diane Treasurer</b> [MEMO ITEM] Business Expense/office		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 04 / 2016</b>	
Mailing Address <b>PO BOX 6936</b>		Amount <b>4.90</b>	
City <b>Colorado Springs</b>	State <b>CO</b>	Zip Code <b>80934</b>	Transaction ID : <b>WFT2016041053-1</b>
Purpose of Expenditure <b>Buisness Expense</b>	Category/Type <b>24</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 27 / 2015</b>	
Name of Federal Candidate <b>Ms. Chisesi M Diane Pres Elect</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <b>05</b> State: <b>WA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2016.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ <b>Business Expense</b>	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>0.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms Chisesi M Diane Pres Elect*

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 04 / 2016**

Signature